





HEALTHY SAN DIEGO JOINT CONSUMER & PROFESSIONAL ADVISORY COMMITTEE MINUTES - May 11, 2017

Members/Alternates Present: Thomas Coleman, MD, Michelle Darnelle, Jeff Dziedzic, Kristin Garrett-Montgomery, Greg Knoll (Co-Chair), Sabra Matovsky, Krista Riganti, George Scolari, Harriet Seldin, DDS, Kristen Smith, Caryn Sumek, Judith Yates

HSD Staff Present: Angela Galba-Davis

Guests: Asya Anderson, Sylvia Carlisle, Sarah Legg, Carson Marries, Jody Regan, Vernell Shaw III, Charlene

	ITEM	DISCUSSION	ACTION		
I. We	Welcome and Introductions				
		Meeting called to order at 3:00 PM by Greg Knoll			
		Introductions were made			
II. Puk	olic Comment				
		• None			
II. Hed	lealthy San Diego (HSD) Quality Improvement (QI) Subcommittee Report				
(Kri:	sta Riganti, QI Chair)	Health Education & Cultural (HE/CL) Linguistics Workgroup			
		- Our provider training is one week from today on nutrition,			
		exercise, and family wellness. There are a couple of seats			
		available.			
		- The first Alzheimer 101 class is tentatively scheduled for June			
		28 th at noon. The training is open to the public and we will			
		start promoting it soon.			
		- The workgroup will work with 2-1-1 San Diego to share ideas			
		on how to improve the searches for community health			
		education classes			
		- We will be scheduling a call or future meeting to discuss the			
		HSD funds to determine if we need to redistribute the			
		allocations between the HECL and FSR workgroups			
		• Facility Site Review Workgroup (FSR)			
		- The MOA is currently being reviewed by each health plans'			
		SME and will then be routed to their legal departments. The			
		health plans should return the MOA with any revisions to			
		Krista by June 14 th . Once the group has a finalized MOA this			
		will be given to Caryn to route through the County's legal			
		department.			
		Health Plan Workgroup			
		- We discussed the presentation topics for the Joint			
		Committee. Andy Pease will present on the budget next			
		month.			
		- Aetna's go live date changed to no sooner than January 1,			
		2018, however, United Healthcare's go live remains as no			
		sooner than July 1, 2017			

- We reviewed our Healthy San Diego contact card. We are going to work together on creating titles for each card and updating all contacts.
- George talked about the presentation on refugee health that was presented at the San Diego County Children, Youth and Family Council
- Caryn talked about the status of our MOAs. The two pending sections awaiting final health plan review are TB and Polinsky. Once those are finalized, Caryn will email all the non-termed (meaning no end date) sections to the health plans for final verification to ensure we have the same final drafts on file. We anticipate having the MOA sections reviewed and finalized by the health plan representatives by July and then route through the health plans' legal departments in August.
- San Diego Regional Center Workgroup (SDRC)
- We discussed the transition of clients from other CA facilities due to closures next year. There are 40 clients effected that will move to San Diego. The Regional Center is opening up three group homes that they will own and contract out with non-profit organizations to run them. That way they would still keep the facility if the contractor leaves. Additionally, there are plans to arrange for in-home physician visits to meet the needs of clients that have difficulty going to a traditional doctor visit.
- California Children Services Workgroup
- There is a Senate Bill 152 that proposes to amend the due date for the evaluation for the CCS Whole Child Model Pilot to ensure three full years of data is collected for comparison. The bill would require the department to provide the report by January 1, 2021, or three years from the date when all counties that have opted-in are fully operational under the program. Nothing will roll out to the other Counties until the full evaluation report is provided.
- The QI committee discussed and voted to remove section 5 A-C from the QI agenda due to duplication with items discussed in the Joint meeting. The item was approved. This will allow for more in-depth discussions in the QI meeting.
- An agenda item was added by Sabra Matovsky regarding CHDP. The PM 160 is being phased out. We are going to schedule an ad hoc meeting to discuss.
- Consumer Center for Health Education & Advocacy (CCHEA)

 We continue to have a low number of access to service complaints from Medi-Cal Manage Care members, where the complaint is against a plan action. The contact card has been distributed to all staff who were instructed to reach out to the designated liaison when the member services unit is not able to resolve their concerns.

	- We participated in discussions regarding proposed rules for
	Medi-Cal to cover glucose monitoring devices
Presentation- The Affordab	le Care Act (ACA) Repeal-Replace-Repair (Julianne Howell, Ph.D.,
	• The ACA emphasizes insurance reform, but equally important
	it includes major provisions to achieve health system reform
	• The ACA has extended coverage to people not covered
	through their employers, expanded benefits and protections
	to those who are insured, made coverage more affordable,
	and expanded Medicaid, at least in states that chose this
	option.
	ACA Insurance Improvements
	- Children can remain on parents' insurance until 26
	- No denial for pre-existing conditions
	- Essential health benefits, including mental health, behavioral
	health, and substance use, required for all insurance plans
	- Out-of-pocket costs capped; no annual or lifetime limits on
	insurance coverage
	- Premiums not based on health status or gender, but instead
	on three age categories, family size, and geographic location
	- Subsidies to improve affordability: tax credits to reduce
	premiums and Cost-Sharing Reduction (CSR) to reduce
	deductibles and co-insurance
	- Modified Adjusted Gross Income (MAGI) basis for insurance
	tax credits, premium subsidies and Medicaid eligibility
	- Medicare prevention and prescription drug benefits
	expanded
	• The State of California expanded its Medicaid program (Medi-
	Cal), resulting in an increase of 5M people since expansion
	began on January 1, 2014. Effective in May 2016, Medi-Cal
	began to cover undocumented children and youth under 19
	years of age, and as of August almost 134,000 children had
	already enrolled. At this point, approximately half of the
	state's children and a third of the whole population are now
	enrolled in Medi-Cal. Approximately 80% of this care is
	administered by Managed Care Organizations (health plans)
	through contracts with the California Department of Health
	Care Services.
	• As a result of both Covered California and Medi-Cal expansion,
	the percent of the California population that is uninsured
	decreased from 17% in 2013 before the ACA went into effect
	to 8.1% in 2015
	• The American Health Care Act:
	- Allows states to change ratio to 5:1
	- Retains ACA premium tax credits until 2020 with age
	adjustments
	aajaaamenta

- Eliminates ACA Tax Credits in 2020 replaced with age- adjusted, fixed dollar tax credits ranging from \$2,000 for younger adults to \$4,000 for the oldest age group - Eliminates cost-sharing reductions - Cannot use tax credits for products that cover abortions - AHCA Impacts - Coverage - The number of uninsured would grow by 24 million by 2026 and 14 million lose Medicaid coverage - Medicaid transformed from a benefit to a block grant or per- capita capped program - AHCA Costs and Savings - Budget deficit reduced by \$3378 over 2017 - 2026 - ACA taxes on high-income earners decreased by \$883B eliminating individual mandate and employer penalties - Prevention and Public Health Fund eliminated V. Action Items Approval of minutes from previous meeting VI. Chairs' Reports A. Health Services Advisory Board (HSAB) (Co-Chairs) B. CCI/Cal MediConnect Advisory Committee Update (Greg Knoll) - There was a Governor's budget meeting today, some of the highlights: - Prior to the May revise, the IHSS commitment from the counties was \$600M and now it's down to \$141M - They have approved an increase for immigration services for deportation defense - They cut out contract pharmacies across the Medi-Cal delivery system - DHCS has received a \$90M grant for substance abuse treatment to address the opioid epidemic. The funding pays for technical assistance for primary care doctors with patients facing an addiction and focuses on rural and tribal areas
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Tacing an addiction and tocuses on rural and tribal areas
- Prop 56 increased \$19M from the January budget that will go
to Medi-Cal backfill
- There is no reduction of service to consumers or caregivers in
this budget related to IHSS
- The cost sharing between the State and County also includes
some direction or agreement on good faith bargaining
- There is no further COLA anticipated for SSI/SSP
- There is nothing regarding the high cost of drugs
- There was \$33M eliminated in the budget for the primary
care workforce - There was a discussion regarding CHIP
- There was a discussion regarding Chir

	- Since January, there has been a \$300M increase in the general fund	
	There was an Ombudsman meeting for Cal MediConnect with	
	representatives from all the states that are participating in the	
	Duals project. The Cal MediConnect portion is alive and well.	
	We have been assured that the Ombudsman program	
	required by federal rule will continue to be part of the Duals	
	project.	
C. Behavioral Health	The meeting was cancelled this month. Starting next month	
Workgroup (BHWG)	the meetings will be on the 2nd Thursday of the month from	
(George Scolari)	9-11 a.m. at the Rosecrans location.	
VII. Information/Updates (W	ritten or Oral)	
A. Public Health	• Hepatitis A Outbreak – 90 total cases so far with 74 of those	
Services (PHS)	being hospitalized and there have been three deaths. There	
(Dr. Thomas Coleman)	have been targeted immunization efforts.	
	Shigellosis – The CDC has updated guidance on its	
	management. The cases among MSM (men that have sex with	
	men) have doubled. Shigellosis is highlighted in the April 2017	
	Monthly Surveillance Report (<u>www.sdepi.org</u> - click on	
	"Epidemiology - Statistics and Reports"). To subscribe to this	
	monthly report, send an email to	
	EpiDiv.hhsa@sdcounty.ca.gov.	
	 Zika – There are 89 travel related cases, no local cases. 	
	Pertussis cases are increasing with about 100 a month	
	Last weekend, I spoke at the Western Health Care Leadership	
	Academy regarding our efforts of the Diabetes Prevention	
	Program (DPP) and our collaboration with AIS. We now have	
	20 organizations in the community doing DPP. I welcome any	
	of you to join the quarterly workgroup. The next workgroup is on July 27 th .	
B. Healthy San Diego	• Enrollment in Medi-Cal is down to 24,000; Medi-Cal Managed	Angela to
(Caryn Sumek)	Care enrollment is up	send out the
	• The default rate is 36.2%	HSD Statistics
	• Enrollment in CMS is up from 38 to 50 clients	to the
	Medi-Cal children recipients are down 5.87% from last year	committee
C. Medi-Cal Initiatives	Drug Med-Cal - The County is submitting an implementation	
(Caryn Sumek)	plan and then will begin to negotiate rates	
(caryri carrieny	Whole Person Wellness - We are conducting a pilot at the San	
	Diego County Psychiatric Hospital. We have selected a	
	handful of clients to track to see where the challenges and	
	gaps are in the health and housing systems which leads to	
	them staying in the Psych Hospital for extended periods of	
	time. From this pilot, the SDCPH team was able to create	
	screening tools to use to identify potential WPW participants.	
VIII. Agenda Items For Next Mee		
The Agency Renal Political Mexicials	• None	
	- Hone	

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IX. Adjourn		
	 Meeting adjourned by Greg Knoll at 4:36 p.m. 	

THE NEXT HEALTHY SAN DIEGO JOINT CONSUMER & PROFESSIONAL ADVISORY COMMITTEE MEETING SCHEDULED

Thursday, June 8, 2017 from 3:00 p.m. to 5:00 p.m.

Health and Human Services Complex

3851 Rosecrans Street, San Diego Conference Room, San Diego, CA 92110

Minutes recorded and transcribed by Angela Galba-Davis